

NEW JERSEY COMMISSION ON SPINAL CORD RESEARCH
GRANT CONTINUATION APPLICATION
FOR SECOND YEAR CONTINUATION FUNDING

Please follow these instructions carefully.

The following guidelines are to be used for the Grant Continuation Application. **This form should be completed if you are requesting continuation of funding for the second year of your grant award.**

The original (signed) and fifteen (15) copies of the application package and all supporting documentation must be provided. If including photographs, provide four (4) sets of originals; the rest may be photocopies.

Forward the entire package to:

Mailing Address:

New Jersey Commission on
Spinal Cord Research
PO Box 360
Trenton, NJ 08625-0360

Overnight Services (UPS, FedEx, Airborne):

New Jersey Commission on
Spinal Cord Research
Health-Agriculture Building
4th Floor
Warren and Market Streets
Trenton, NJ 08611

Applicants must adhere to the guidelines and instructions using the forms supplied herein. Grant Continuation Applications that do not adhere to the appropriate format will be returned to applicants. No double-sided copies will be accepted. All Appendix documentation must be single sided and not bound.

The Acknowledgement Page must be completed and returned with the application, so that you can be notified when your application is received in this office.

NJCSCR Research Guidelines outline the application process. These Research Guidelines and the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research are available for review at <http://www.state.nj.us/health/spinalcord/>.

Be sure to make a copy of the Grant Continuation Application for your records.

The New Jersey Commission on Spinal Cord Research wishes to express its appreciation to you for your continued interest. You may contact us directly at (609) 292-4055 for assistance in the completion of the Continuation Application.

NEW JERSEY COMMISSION ON SPINAL CORD RESEARCH (NJCSCR)

GRANT CONTINUATION APPLICATION

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Be sure to type the name of the Principal Investigator/Program Director at the top of each printed page and each continuation page.

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**New Jersey Commission on Spinal Cord Research
INFORMATIONAL SUMMARY**

(Please type or print all data.)

I. APPLICANT INFORMATION
Applicant Name
Check <input checked="" type="checkbox"/> Applicant Career Level: <input type="checkbox"/> Postdoctoral Fellow <input type="checkbox"/> Young Investigator (five years post completion of formal training) <input type="checkbox"/> Established Investigator a <input type="checkbox"/> in another field b <input type="checkbox"/> in spinal cord injury research
Applicant Organization Name
Check <input checked="" type="checkbox"/> Appropriate Organization Type <input type="checkbox"/> Public Institution of Higher Learning <input type="checkbox"/> Private Institution of Higher Learning <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit
II. PROPOSAL INFORMATION
Check <input checked="" type="checkbox"/> Proposal Type <input type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science <input type="checkbox"/> Alternative Medicine <input type="checkbox"/> Psycho/Social Rehabilitation
Proposal Title
Hypothesis
Key Words

II. PROPOSAL INFORMATION, Continued
Dollar Amount Requested Year 2: \$ _____
Check <input checked="" type="checkbox"/> Institutional Review Board/Institutional Animal Care and Use Committee Approval: <input type="checkbox"/> YES - Approval Obtained, Copy Attached <input type="checkbox"/> NO - Approval Not Obtained Date Anticipated for Review: _____ (Copy must be forwarded to NJCSCR as soon as approval is obtained.) <input type="checkbox"/> PENDING - Currently Under Review Date Anticipated: _____ (Copy must be forwarded to NJCSCR as soon as approval is obtained.) <input type="checkbox"/> EXEMPT
<i>All applicants must conform with the State of New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research. This policy can be viewed at: www.state.nj.us/health/spinalcord/.</i>

FOR NJCSCR OFFICE USE ONLY
Proposal Number: _____
Date of Submission: _____
Date Acknowledgement Sent: _____
<u>Final Scoring:</u>
<input type="checkbox"/> Relevance: _____
<input type="checkbox"/> Scientific Merit: _____
<u>Proposal Status:</u>
<input type="checkbox"/> Funded/Amount: _____
<input type="checkbox"/> Rejected

New Jersey Commission on Spinal Cord Research GRANT CONTINUATION APPLICATION

(Type or print all data.)

FOR STATE USE ONLY	
NJCSCR Number	
Spending Plan Number	
Funding Authorization Number(s)	
1. Name of Principal Investigator	1a. Email Address
2. Name of Organization	
3. Street Address	City County State Zip Code
4. Name and Title of Fiscal Contact	5. Telephone No.
6. Street Address	City County State Zip Code
7. Name of Attorney for Agency	8. Telephone No.
9. Name and Title of Principal Contact	10. Telephone No.
11. Employer ID No.	
12. a. Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or Task Force which has regulatory or advising influence on the funding program? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%; text-align: center;">_____ (Member)</div> <div style="width: 45%; text-align: center;">_____ (Board, Council, Etc.)</div> </div>	
13. Type of Payment Plan Preferred <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Advance Payment	14. Location Where Payments Should be Sent:
15. Type of Agency (check one) <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Hospital <input type="checkbox"/> Private Profit <input type="checkbox"/> Other: _____	16. Does this Agency meet the following Licensure Requirement?
17. Agency Fiscal Year End	18. Agency Accounting System: <input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual Basis <input type="checkbox"/> Other (Specify): _____
19. Type of Request <input type="checkbox"/> Renewal of Grant No.:	20. a. Budget Period (Mo/Day/Yr) From: _____ Through: _____ b. Project Period (Mo/Day/Yr) From: _____ Through: _____
21. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COST OF PROJECT	
22a. Total Funds Needed	b. Funds Requested from NJCSCR
c. Funds from Other Sources	
Principal Investigator/Program Director Assurance: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.	
23. Signature of Principal Investigator/Program Director (In Ink, "Per" signature not acceptable)	Date
Certification: The applicant certifies that to the best of his/her knowledge and belief, all data supplied in this application and attachments are true and correct, the document has been duly authorized by the governing body of the applicant, and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulations and rules issued by the N. J. Department of Health and Senior Services which include provisions described in grant application instructions.	
24. Name and Title of Official Signing for Applicant Organization	
25. Signature of Official	Date

New Jersey Commission on Spinal Cord Research
LAY ABSTRACT OF RESEARCH PLAN

Principal Investigator/Program Director:

Please describe your research project in simple, non-technical language that is understandable by a person not trained in science. Include in your discussion: 1) the significance of your project to developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease as noted in the Research Program Guidelines; 2) any special value it might have for the citizens of New Jersey; and 3) define all terms, as well as expected results. Be sure to include a description of the coming year's activities. This abstract is meant to serve as a public description of the proposed research and, should the award be made, it will be used in press releases and various NJCSCR publications.

Project Title (do not exceed 60 spaces)

Please provide a one sentence description of your project

Description (Do not exceed space provided. Type in single spaced format.)

New Jersey Commission on Spinal Cord Research
DETAILED BUDGET FOR CONTINUATION OF SECOND YEAR FUNDING

Principal Investigator/Program Director:				
From	Through	Dollar Amount Requested (omit cents) \$		
Personnel (Applicant Organization Only)				
Name	Position Title	Time %	Effort Hours Per Week	Total Salary Plus Fringe Benefits
	Principal Investigator			
Sub-Total				
Equipment (Itemize)				
Supplies (Itemize by category)				
Travel				
Other Expenses (Itemize by category)				
Total Direct Costs				\$
Total Indirect Costs (10% of Direct Costs)				\$
Total Direct and Indirect Costs for the Second Year				\$

New Jersey Commission on Spinal Cord Research
BUDGET JUSTIFICATION FOR SECOND YEAR FUNDING

Principal Investigator/Program Director:

Budget Justification:

New Jersey Commission on Spinal Cord Research

BUDGET CHECKLIST

1. Does your budget include salary for the principal investigator? The NJCSCR discourages salary for established investigators, unless justified by unusual circumstances.

☐ No - Go to Question 2.

☐ Yes - Please explain below.

2. Does your budget include funding for the purchase of equipment? The NJCSCR will allow the purchase of equipment without justification up to \$2,499. A request to purchase equipment valued at \$2,500 or above must be detailed and justified on budget page numbers 6 AND 7, and again on page 10 - Certification of Equipment Needs.

☐ No - Go to Question 3.

☐ Yes - Please explain below.

3. Does your budget include funding for travel? The NJCSCR will allow a maximum of \$1,000 for travel to a scientific meeting, to another lab to learn a new technique, etc.; details must be provided (travel by whom, to which meeting, or to which lab, and why).

☐ No - Go to Question 4.

☐ Yes - Please explain below.

New Jersey Commission on Spinal Cord Research
BUDGET CHECKLIST, Continued

4. Does your budget include funding for training? The NJCSCR discourages funding for training unless a compelling justification is provided.

☐ No - Go to Question 5.

☐ Yes - Please explain below.

5. Is this project currently receiving funding from other sources? If yes, please list the foundation/federal agency/corporation/other, the amount of funding received from other funding source(s), and the degree to which there is overlap of support.

☐ No - Go to Question 6.

☐ Yes - Please explain below.

6. Is support for this project currently being sought elsewhere? If Yes, please list the foundation/federal agency/corporation/other, the title used for the proposal, the amount of funding requested from the other funding source(s), and the degree to which there is overlap of support.

☐ No

☐ Yes - Please explain below.

New Jersey Commission on Spinal Cord Research
CERTIFICATION OF EQUIPMENT NEEDS

Principal Investigator/Program Director:	
Name of Institution	
Grant Title	
Equipment Description and Justification (Include Number and Manufacturer)	
CERTIFICATION BY PRINCIPAL INVESTIGATOR	
<div style="margin-bottom: 10px;"><input type="checkbox"/> No comparable item exists in the department.</div> <div><input type="checkbox"/> Comparable item exists in the department but is unavailable for the present need because: lacks particular capability; is already fully utilized; is too far away, etc. List reason below.</div>	
Signature of Principal Investigator	Date

New Jersey Commission on Spinal Cord Research
CERTIFICATION REGARDING INSTITUTIONAL RESPONSIBILITIES

Principal Investigator/Program Director:

Grants awarded by the New Jersey Commission on Spinal Cord Research are not intended to cover the total cost of the research described in the grant proposal. The applicant's institution is expected to take responsibility for providing adequate facilities and a salary for the principal investigator. In addition, basic administrative services should be available. Accordingly, support for the following will not be allowed in the application.

- Constructions, building maintenance or major alterations
- Secretarial and telephone services
- Library services including the purchasing and binding of books and periodicals
- Furniture for laboratories and office equipment and supplies
- Dues for membership and registration fees in scientific societies or at professional meetings
- Foreign travel
- Recruiting and relocation expenses

Upon acceptance of a grant award, the applicant's organization assumes legal and financial responsibility for awarded funds and the conduct of supported activities. It is the responsibility of the applicant's institution and principal investigator to assure the accuracy and validity of all fiscal, scientific, and administrative information pertaining to the awarded grant.

Failure to comply with these terms may result in grant termination.

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

New Jersey Commission on Spinal Cord Research
POLICIES GOVERNING RESEARCH GRANTS

Principal Investigator/Program Director:

EXPENDITURES

Minor reassignments of funds may be made by the Principal Investigator of up to 10% of the total annual budget. Any changes, which exceed 10%, require the approval of the NJCSCR.

PAYMENTS

Cost reimbursement or advance payment methods may be implemented for new and renewal grants upon request and approval by the NJCSCR. Payments may be withheld if Financial Reports, Grant Continuation Applications, annual Progress Reports, annual Narrative Reports, or Final Narrative Reports are outstanding. All payment arrangements will be reviewed on an individual basis.

FINANCIAL REPORTING

Individual accounts must be established for each grant type. Accurate records, including documentation of all transactions must be maintained. Financial reporting forms are provided by the NJCSCR and are available at www.state.nj.us/health/forms.

All interim Financial Reports must be submitted at the end of each quarterly period. The interim Financial (quarterly) Reports are due October 20, January 20, April 20 and July 20. All Financial Reports must have the signature of the financial officer of the organization/institution, and must be submitted no later than the 20th day of the month immediately following the end of the reporting period. The NJCSCR or its designated representative reserves the right to audit accounts at any time.

Over expenditures, commitments not paid within 60 days of termination, or expenditures made prior to the activation date are not the responsibility of the NJCSCR.

A Final Financial Report, together with a refund of any unexpended funds, must be made within 60 days of termination date. This Final Financial Report should be reviewed and signed by the Principal Investigator (applicant) and the financial officer of the organization/institution. All records must be retained for 3 years from the date of the Final Financial Report. In the case of an audit or litigation, this period may be extended until completion of said action.

INDIVIDUAL RESEARCH GRANTS

Each funding award within the two-year period will be contingent upon the availability of funds. Second year support for all Individual Research grants is contingent upon submission of a Grant Continuation Application. The Grant Continuation Application must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. **Grant Continuation Applications are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted to the NJCSCR office within 60 days of termination of an Individual Research grant. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of an Individual Research grant. All forms are available at www.state.nj.us/health/spinalcord/. The NJCSCR office will send reminders as appropriate.

FELLOWSHIP GRANTS

Each funding award within the two-year period will be contingent upon the availability of funds. All Postdoctoral and Graduate Student Fellows must submit a first-year Progress Report accompanied by a letter of support from the fellow's mentor. Second-year fellowship funding is contingent upon the successful review of the first-year Progress Report and a recommendation from the mentor. **All Progress Reports are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted to the NJCSCR office within 60 days of termination of a Fellowship grant. An Evaluation Form must be completed for two years following termination of the Fellowship grant. All forms are available at www.state.nj.us/health/spinalcord/. The NJCSCR office will send reminders as appropriate.

(Continued on next page.)

New Jersey Commission on Spinal Cord Research
POLICIES GOVERNING RESEARCH GRANTS

Principal Investigator/Program Director:

ONE-TIME START-UP COST GRANTS

Each grant award will be contingent upon the availability of funds. This is a one-year grant award with a progress reporting period of five years during which time an annual Narrative Report must be submitted to the NJCSCR office. Evidence of the necessary organizational/institutional financial support to sustain the research must be included as part of the report. **All Narrative Reports are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted to the NJCSCR office within 60 days of termination of a One-Time Start-Up Cost grant. All forms are available at www.state.nj.us/health/spinalcord/. The NJCSCR office will send reminders as appropriate.

FIVE-YEAR NAMED CHAIR FOR SENIOR AND JUNIOR FACULTY GRANTS

Annual funding within the five-year period will be contingent upon the availability of funds and the submission of an annual Narrative Report that is favorably reviewed by an independent scientific merit review panel. **All Narrative Reports are due at the NJCSCR office by February 15 for Grant Cycle A, and by July 18 for Grant Cycle B.** A Final Narrative Report is required and must be submitted within 60 days of termination of the Five-Year Named Chair grant. An Evaluation Form must be completed for two years following termination of a Five-Year Named Chair grant. All forms are available at www.state.nj.us/health/spinalcord/. The NJCSCR office will send reminders as appropriate.

PUBLICATIONS AND PATENTS

Publications resulting from research supported by the NJCSCR should contain an acknowledgement such as "Assisted by grant number.....from the New Jersey Commission on Spinal Cord Research." Grantees should provide 3 reprints of any such articles to the NJCSCR office. Decisions and dispositions regarding patents on discoveries made while under grant from the NJCSCR must be made with the approval of the NJCSCR.

OWNERSHIP OF EQUIPMENT

Equipment purchased for the purpose of research covered in grants from the NJCSCR is for the sole use of the Principal Investigator (applicant) and collaborators. However, title of such equipment shall be vested in the organization/institution. Transfer to another institution will not be allowed without written permission from the NJCSCR.

CANCELLATION AND TRANSFER

The NJCSCR is not responsible for expenses incurred after cancellation of the grant. All unexpended funds must be returned to the NJCSCR. Upon written approval from the NJCSCR, grants may be transferred from one institution to another within the State of New Jersey.

COMPLIANCE WITH EXISTING LAW

The applicant organization/institution, as grantee, agrees to assure that all activities in the performance of the grant are in compliance with all state, federal, or municipal laws. Failure to comply with such laws is grounds for termination of the grant.

INDEMNIFICATION

The applicant organization/institution is solely responsible to keep, save, and hold the State of New Jersey and the New Jersey Commission on Spinal Cord Research harmless from all claims, losses, liabilities, expenses or damages.

Name of Authorized Institutional Official (Print)	Title	
Signature		Date

New Jersey Commission on Spinal Cord Research

NARRATIVE INFORMATION

Proposal narrative limited to four pages maximum, not including appendices.

Narrative information should address the following:

- Specific aims, summarized from the original proposal
- Overall summary of progress made during the contract period
- Problems encountered in this report period
- Changes in research plan
- List of publications emerging from this research, including those in preparation

All narrative information must be single spaced and single sided; no double-sided copies accepted. All photocopied information must be clear; any photographs must be viewable - not blackened out due to photocopying.

All attachments to the narrative section to be numbered, utilize the last page number of your narrative as the first number of your attachments, and then follow it with a sequential alphabet letter. For example: -18a-, -18b-, -18c-, etc.

Please type/print all page numbering; placement of the page numbering is to be at the bottom/center of the document.

New Jersey Commission on Spinal Cord Research

NARRATIVE

Principal Investigator/Program Director:

New Jersey Commission on Spinal Cord Research

NARRATIVE

Principal Investigator/Program Director:

New Jersey Commission on Spinal Cord Research

NARRATIVE

Principal Investigator/Program Director:

New Jersey Commission on Spinal Cord Research

NARRATIVE

Principal Investigator/Program Director:

New Jersey Commission on Spinal Cord Research

APPENDIX INFORMATION

Insert a maximum of three appendices directly behind this page.

All Appendix information must be single sided; no double-sided copies acceptable. All photocopied information must be clear; any photographs must be viewable, not blackened out due to photocopying.

All attachments to the appendix section are to be numbered; utilize page number 19 first as the number on your attachments, and then follow it with a sequential alphabet letter. For example: -19a-, -19b-, -19c-, etc.

Please type/print all page numbering; placement of page numbering is to be at the bottom/center of document.

New Jersey Commission on Spinal Cord Research
CERTIFICATION SHEET

Principal Investigator/Program Director:

INITIALS

I certify that this agency is in possession of and will comply with the Terms and Conditions for Administration of Grants and the applicable Cost Principles.

I have on file a signed copy of the Certification Regarding Debarment and Suspension and certify to the best of my knowledge that as an applicant this agency and its key employees are in compliance with this requirement. I will also obtain such certification from all subgrantees in accordance with Federal Executive Order 12549. This form will be maintained on file.

I have on file a signed copy of the Certification Regarding Lobbying and, to the best of my knowledge, certify that this agency is in compliance. This form will be maintained on file.

I have on file a signed copy of the Certification Regarding Environmental Tobacco Smoke and have determined that the provisions of the Pro-Children Act of 1994 apply to this agency and to the best of my knowledge, certify that this agency is in compliance with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. This form will be maintained on file in the agency's office.

I understand that my payments will depend on timely submission of all reports.

I have submitted a listing of the Officers and Directors and their addresses and will notify you in writing within ten days of any changes as they occur. For renewal applications, I have submitted only changes from the original submission.

I have previously completed and submitted the Agency Minority Profile.

I certify that this agency is not delinquent on any Federal or State debt.

As a non-profit corporation, I certify that this agency has 501(c)(3) status as required by the Internal Revenue Service and is registered as a charitable organization in accordance with N.J.S.A. 45:17A-18 et seq.

I have read, understand, and will comply with the instructions received with the grant application package.

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official

Date Signed

**New Jersey Commission on Spinal Cord Research
PO Box 360
Trenton, NJ 08625-0360**

ACKNOWLEDGEMENT OF GRANT CONTINUATION APPLICATION

Please print or type your name and complete address information in the box below:

This acknowledgement will confirm receipt of your Grant Continuation Application for second year funding by the New Jersey Commission on Spinal Cord Research.

New Jersey Commission on Spinal Cord Research

Date